2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2025
Secretary of State
5791194186CC

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Entity Name: FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

Current Principal Place of Business:

2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301

Current Mailing Address:

2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301 US

FEI Number: 59-2013158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINN, STEPHEN R.
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHEN R. WINN 04/09/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	MORAN-WALCUTT, DO, PAMELA JEANNE DR.
Address	3200 SOUTH UNIVERSITY DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33328-2018

Title	SECRETARY
Name	SINGER, DO, IAN DR.
Address	1900 E COMMERCIAL BLVD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	IMMEDIATE PAST PRESIDENT
Name	FIORILLO, DO, MICHELLE DR
Address	1100 EAST BROWARD BLVD
City-State-Zip:	FORT LAUDERDALE FL

Title	PRESIDENT ELECT
Name	MAGNESS, DAVID DR
Address	960 BACKSTAGE LANE
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	VP
Name	NELSON, JEFFREY DR.
Address	960 BACKSTAGE LANE
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	TREASURER
Name	HAYDEN, ANNA DR.
Address	1111 W BROWARD BLVD
City-State-Zip:	FORT LAUDERDALE FL 33312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA JEANNE MORAN-WALCUTT, DO PRESIDENT 04/09/2025

Electronic Signature of Signing Officer/Director Detail — Date